PTO/SB/21 (07-06)

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TRANSMITTAL FORM		Application Number	ection of information unless it displays a valid OMB control number $10/047$, 505			
		Filing Date	26-Oct-	Oct-2001		
		First Named Inventor	Puneet	uneet Goel		
		Art Unit	2625	2625		
(to be used for all correspondence after initial filing)		Examiner Name	MARK R.	MARK R. MILIA		
Total Number of Pages in This Submission		Attorney Docket Number	EFOM030	EFOM0305		
ENCLOSURES (Check all that apply)						
Fee Transmittal I		Drawing(s)		After Allowance Communication to T Appeal Communication to Board		
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Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	Appeal Notice, B Proprietary Infor Status Letter Other Enclosure below): Issue Fee Trans		Enclosure(s) (please Identify	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
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